•	PARENT		re-Decemb	ND	09/3	לל.	302	2		
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA (Column 1) (Column 2) TYPE OR SMALL ENTITY										THAN
FOR .			ER FILED	NUMBER EXTRA		RAT	FEE	1	RATE	FEE
BASIC FEE		类影響	×				345.00	OR		690.00
TOTAL CLAIMS		3	minus 7	50= · D	* · O		=	OR	X\$18=	1
INDEPENDENT CLAIMS		AIMS' (minus	3 = : O.	= : 0			OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT						+130	<u>.</u>	1	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA		OR	<u>. </u>	120
CLAIMS AS AMENDED - PART II							· ·	JOR	TOTAL -	7
४	6(10/05 (Column 1) (Column 2) (Column 3)					SMAI	LL ENTITY	OR	SMALL	
AMENOMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	. RATI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 9	Minus .	- 20	• Ö	X\$ 9	-	OR	X\$18=	
	Independent	MTATION OF M	Minus	ENDENT CLAIM	-0	X39-	. \	OR	X78=	
	FINST PRESE	·	OLITE DEF	ENDENT CLAIM		+130		OR	+260=	
						TOT ADDIT, F		OR	TOTAL ADDIT, FEE	\
)-	-iX-CE	(Column 1)	· ,	(Column 2)	(Column 3)	AUUII. F	EE	10	AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING · AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 14	Minus	• 2	=	X\$ 9:	-	OR	X\$18=	
	Independent	NTATION OF M	Minus	ENDENT CLAIM	.= ()	X39=		OR	X78=	
				Chock Obdies	• *	+130	. .	OR	+260=	
	•	•	•			ADDIT F		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)			-		
AMENDMENT C		CLAIMS RÉMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	:•·	Minus	92'	=	X\$ 9-		OR	X\$18=	
	Independent	•	Minus	••• .	2 .	X39=		1	X78=	
_	FIRST PRESE		- 	OR						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							•	OR	+260=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										
-	II THE THISTNESS MUS	mber Previously P	ald For IN THIS	S SPACE is less than	n 3, enter "3."			•		

Application or Docket Number